

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Eastern Division

In Re:)	BK No.: 16-04052
CHARLENE and DWAYNE BURRIS)	(Jointly Administered)
)	Chapter: 13
)	Honorable A. Benjamin Goldgar
)	
Debtor(s))	

ORDER TO REDACT

Pursuant to Section II.A.4.b. of the Administration Procedures for the Case Management/Electronic Case Filing System, the motion to redact personal information is granted.

The clerk is direct to substitute the redacted document attached to the motion in place of the unredacted document originally filed with the fee application.

Enter: 

MAR 20 2019

Dated:

United States Bankruptcy Judge

Prepared by:

Robert C. Bansfield Jr., A.R.D.C. #6329415
David M. Siegel & Assoc., LLC
790 Chaddick Drive
Wheeling, IL 60090
(847) 520-8100

Form	1040	Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return	2016	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																																																																				
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20																																																																																									
Your first name and initial CHARLENE		Last name BURRIS		See separate instructions.																																																																																					
If a joint return, spouse's first name and initial DWAYNE A		Last name BURRIS		Your social security number																																																																																					
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.																																																																																				
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).																																																																																									
Foreign country name		Foreign province/state/country		Foreign postal code																																																																																					
Filing Status <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ </div> <div style="width: 45%;"> 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child </div> </div>																																																																																									
Exemptions <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. 6b <input checked="" type="checkbox"/> Spouse <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>FOSTER CHILD</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>FOSTER CHILD</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div> <div style="width: 35%;"> Boxes checked on 6a and 6b 2 No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶ 4 </div> </div>						c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name							FOSTER CHILD	<input checked="" type="checkbox"/>				FOSTER CHILD	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																																																						
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)																																																																																					
(1) First name	Last name																																																																																								
			FOSTER CHILD	<input checked="" type="checkbox"/>																																																																																					
			FOSTER CHILD	<input checked="" type="checkbox"/>																																																																																					
				<input type="checkbox"/>																																																																																					
				<input type="checkbox"/>																																																																																					
Income <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 60%;">Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td style="width: 10%;">7</td> <td style="width: 20%; text-align: right;">3,134.</td> </tr> <tr> <td>8a</td> <td>Taxable interest. Attach Schedule B if required</td> <td>8a</td> <td></td> </tr> <tr> <td>b</td> <td>Tax-exempt interest. Do not include on line 8a</td> <td>8b</td> <td></td> </tr> <tr> <td>9a</td> <td>Ordinary dividends. Attach Schedule B if required</td> <td>9a</td> <td></td> </tr> <tr> <td>b</td> <td>Qualified dividends</td> <td>9b</td> <td></td> </tr> <tr> <td>10</td> <td>Taxable refunds, credits, or offsets of state and local income taxes</td> <td>10</td> <td></td> </tr> <tr> <td>11</td> <td>Alimony received</td> <td>11</td> <td></td> </tr> <tr> <td>12</td> <td>Business income or (loss). Attach Schedule C or C-EZ</td> <td>12</td> <td></td> </tr> <tr> <td>13</td> <td>Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/></td> <td>13</td> <td></td> </tr> <tr> <td>14</td> <td>Other gains or (losses). Attach Form 4797</td> <td>14</td> <td></td> </tr> <tr> <td>15a</td> <td>IRA distributions</td> <td>15a</td> <td></td> </tr> <tr> <td>b</td> <td>Taxable amount</td> <td>15b</td> <td></td> </tr> <tr> <td>16a</td> <td>Pensions and annuities</td> <td>16a</td> <td></td> </tr> <tr> <td>b</td> <td>Taxable amount</td> <td>16b</td> <td></td> </tr> <tr> <td>17</td> <td>Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td>17</td> <td></td> </tr> <tr> <td>18</td> <td>Farm income or (loss). Attach Schedule F</td> <td>18</td> <td></td> </tr> <tr> <td>19</td> <td>Unemployment compensation</td> <td>19</td> <td></td> </tr> <tr> <td>20a</td> <td>Social security benefits</td> <td>20a</td> <td></td> </tr> <tr> <td>b</td> <td>Taxable amount</td> <td>20b</td> <td></td> </tr> <tr> <td>21</td> <td>Other income. List type and amount</td> <td>21</td> <td></td> </tr> <tr> <td>22</td> <td>Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶</td> <td>22</td> <td style="text-align: right;">3,134.</td> </tr> </table>						7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	3,134.	8a	Taxable interest. Attach Schedule B if required	8a		b	Tax-exempt interest. Do not include on line 8a	8b		9a	Ordinary dividends. Attach Schedule B if required	9a		b	Qualified dividends	9b		10	Taxable refunds, credits, or offsets of state and local income taxes	10		11	Alimony received	11		12	Business income or (loss). Attach Schedule C or C-EZ	12		13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13		14	Other gains or (losses). Attach Form 4797	14		15a	IRA distributions	15a		b	Taxable amount	15b		16a	Pensions and annuities	16a		b	Taxable amount	16b		17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		18	Farm income or (loss). Attach Schedule F	18		19	Unemployment compensation	19		20a	Social security benefits	20a		b	Taxable amount	20b		21	Other income. List type and amount	21		22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	3,134.
7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	3,134.																																																																																						
8a	Taxable interest. Attach Schedule B if required	8a																																																																																							
b	Tax-exempt interest. Do not include on line 8a	8b																																																																																							
9a	Ordinary dividends. Attach Schedule B if required	9a																																																																																							
b	Qualified dividends	9b																																																																																							
10	Taxable refunds, credits, or offsets of state and local income taxes	10																																																																																							
11	Alimony received	11																																																																																							
12	Business income or (loss). Attach Schedule C or C-EZ	12																																																																																							
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13																																																																																							
14	Other gains or (losses). Attach Form 4797	14																																																																																							
15a	IRA distributions	15a																																																																																							
b	Taxable amount	15b																																																																																							
16a	Pensions and annuities	16a																																																																																							
b	Taxable amount	16b																																																																																							
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17																																																																																							
18	Farm income or (loss). Attach Schedule F	18																																																																																							
19	Unemployment compensation	19																																																																																							
20a	Social security benefits	20a																																																																																							
b	Taxable amount	20b																																																																																							
21	Other income. List type and amount	21																																																																																							
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	3,134.																																																																																						
Adjusted Gross Income <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">23</td> <td style="width: 60%;">Educator expenses</td> <td style="width: 10%;">23</td> <td style="width: 20%;"></td> </tr> <tr> <td>24</td> <td>Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ</td> <td>24</td> <td></td> </tr> <tr> <td>25</td> <td>Health savings account deduction. Attach Form 8889</td> <td>25</td> <td></td> </tr> <tr> <td>26</td> <td>Moving expenses. Attach Form 3903</td> <td>26</td> <td></td> </tr> <tr> <td>27</td> <td>Deductible part of self-employment tax. Attach Schedule SE</td> <td>27</td> <td></td> </tr> <tr> <td>28</td> <td>Self-employed SEP, SIMPLE, and qualified plans</td> <td>28</td> <td></td> </tr> <tr> <td>29</td> <td>Self-employed health insurance deduction</td> <td>29</td> <td></td> </tr> <tr> <td>30</td> <td>Penalty on early withdrawal of savings</td> <td>30</td> <td></td> </tr> <tr> <td>31a</td> <td>Alimony paid b Recipient's SSN ▶</td> <td>31a</td> <td></td> </tr> <tr> <td>32</td> <td>IRA deduction</td> <td>32</td> <td></td> </tr> <tr> <td>33</td> <td>Student loan interest deduction</td> <td>33</td> <td></td> </tr> <tr> <td>34</td> <td>Tuition and fees. Attach Form 8917</td> <td>34</td> <td></td> </tr> <tr> <td>35</td> <td>Domestic production activities deduction. Attach Form 8903</td> <td>35</td> <td></td> </tr> <tr> <td>36</td> <td>Add lines 23 through 35</td> <td>36</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>37</td> <td>Subtract line 36 from line 22. This is your adjusted gross income ▶</td> <td>37</td> <td style="text-align: right;">3,134.</td> </tr> </table>						23	Educator expenses	23		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		25	Health savings account deduction. Attach Form 8889	25		26	Moving expenses. Attach Form 3903	26		27	Deductible part of self-employment tax. Attach Schedule SE	27		28	Self-employed SEP, SIMPLE, and qualified plans	28		29	Self-employed health insurance deduction	29		30	Penalty on early withdrawal of savings	30		31a	Alimony paid b Recipient's SSN ▶	31a		32	IRA deduction	32		33	Student loan interest deduction	33		34	Tuition and fees. Attach Form 8917	34		35	Domestic production activities deduction. Attach Form 8903	35		36	Add lines 23 through 35	36	0.	37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	3,134.																								
23	Educator expenses	23																																																																																							
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24																																																																																							
25	Health savings account deduction. Attach Form 8889	25																																																																																							
26	Moving expenses. Attach Form 3903	26																																																																																							
27	Deductible part of self-employment tax. Attach Schedule SE	27																																																																																							
28	Self-employed SEP, SIMPLE, and qualified plans	28																																																																																							
29	Self-employed health insurance deduction	29																																																																																							
30	Penalty on early withdrawal of savings	30																																																																																							
31a	Alimony paid b Recipient's SSN ▶	31a																																																																																							
32	IRA deduction	32																																																																																							
33	Student loan interest deduction	33																																																																																							
34	Tuition and fees. Attach Form 8917	34																																																																																							
35	Domestic production activities deduction. Attach Form 8903	35																																																																																							
36	Add lines 23 through 35	36	0.																																																																																						
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	3,134.																																																																																						

Form 1040 (2016)

SCHEDULE EIC
(Form 1040A or 1040)**Earned Income Credit**
Qualifying Child Information

OMB No. 1545-0074

2016Attachment
Sequence No. **43**Department of the Treasury
Internal Revenue Service (99)

▶ Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

Name(s) shown on return

Your social security number

CHARLENE BURRIS & DWAYNE A BURRIS**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3**

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	C		J			
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2016. If your child was born and died in 2016 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
3 Child's year of birth	Year <u>2 0 0 0</u> <small>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>		Year <u>2 0 1 0</u> <small>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>		Year _____ <small>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	
4 a Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2016?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	FOSTER CHILD		FOSTER CHILD			
6 Number of months child lived with you in the United States during 2016 • If the child lived with you for more than half of 2016 but less than 7 months, enter "7." • If the child was born or died in 2016 and your home was the child's home for more than half the time he or she was alive during 2016, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

For Paperwork Reduction Act Notice, see your tax return instructions.

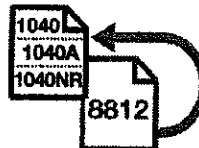
Cat. No. 13339M

Schedule EIC (Form 1040A or 1040) 2016

CDA

SCHEDULE 8812
(Form 1040A or 1040)**Child Tax Credit**Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Information about Schedule 8812 and its separate instructions is at**
www.irs.gov/schedule8812.



OMB No. 1545-0074

2016Attachment
Sequence No. 47

Name(s) shown on return

Your social security number

CHARLENE BURRIS & DWAYNE A BURRIS**3****Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)**

*Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here ☐

Part II Additional Child Tax Credit Filers

- 1** If you file Form 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit.

If you are required to use the worksheet in **Pub. 972**, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:

1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).

1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).

1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).

- 2** Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49

- 3** Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit

- 4a** Earned income (see separate instructions)

4a 3,134.

- b** Nontaxable combat pay (see separate instructions)

4b

- 5** Is the amount on line 4a more than \$3,000?

☐ No. Leave line 5 blank and enter -0- on line 6.

☒ Yes. Subtract \$3,000 from the amount on line 4a. Enter the result

5 134.

- 6** Multiply the amount on line 5 by 15% (0.15) and enter the result

Next. Do you have three or more qualifying children?

☒ No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.

☐ Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.

1 2,000.

2

3 2,000.

6 20.

Schedule 8812 (Form 1040A or 1040) 2016

Page **2****Part III Certain Filers Who Have Three or More Qualifying Children**

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 67.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	20
-----------	--	-----------	-----------



Enter this amount on
Form 1040, line 67,
Form 1040A, line 43, or
Form 1040NR, line 64.

Schedule 8812 (Form 1040A or 1040) 2016